

Handed by
Patricia Booker

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		1		1		1
3		2		2		1
4		3		3		1
5		3		3		1
6		3		3		1
7		3		3		1
8		3		3		1
9		3		3		1
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TOTAL IND.	1	↓	1	↓	1	↓
TOTAL DEP.	14	←	14	←	12	←
TOTAL CLAIMS	15		15		13	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						